

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re William J. Focazio

Case No. 19-10880
Reporting Period: June 1 - June 30

**MONTHLY OPERATING REPORT
(INDIVIDUAL WAGE EARNERS)**

File with Court and submit copy to United States Trustee within 20 days after end of month

Include FORM MOR-1 (INDV) if debtor is a wage earner.

Substitute FORM MOR-2 (RE) for MOR-2 if case is a Single Asset Real Estate case.

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	X	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1a	X	
Copies of bank statements		X	
Cash disbursements journals	MOR -Disbursements	X	
Statement of Operations	MOR-1 (INDV)	X	
Balance Sheet	MOR - 3	X	
Status of Postpetition Taxes		N/A	
Copies of IRS Form 6123 or payment receipt		N/A	
Copies of tax returns filed during reporting period		N/A	
Summary of Unpaid Postpetition Debts		N/A	
Listing of aged accounts payable		N/A	
Accounts Receivable Reconciliation and Aging		N/A	
Debtor Questionnaire		X	

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor



Date

February 10, 2020

Date

Signature of Chapter 11 Trustee

*The Trustee was appointed by Court Order on May 17, 2019. The information contained herein is based on the Trustee's accountant's analysis of the Debtor's bank statements and financing information made available to the Trustee. The Trustee takes no responsibility for the accuracy of the Debtor's information and reserves all rights in connection therewith.

**The Trustee, upon his appointment requested that all cash receipts of the Debtor be forwarded directly to the Trustee account for deposit. Subsequently, it came to the Trustee's attention that not all funds received by the Debtor were being forwarded to him, and the Trustee and his counsel contacted the Debtor and his counsel several times to address this matter. In addition, not all documents requested by the Trustee and his professionals were produced by the Debtor and his representatives. On January 23, 2020, the Trustee's counsel filed a Motion To Compel Compliance with Subpoena to Debtor's accountant.

In re: William J. Focazio
Debtor

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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS
(This Form must be submitted for each Bank Account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (INDV) (CONT)]

	Current Month Actual				Cumulative Filing to Date
	4607	0713	7712	Total	
Cash - Beginning of Month (June 1, 2019)	3,336	93	19,842	23,271	9,304
RECEIPTS					
Wages / Distributions	20,000	-	-	20,000	140,000
Interest and Dividend Income	-	-	-	-	-
Alimony and Child Support	-	-	-	-	-
Account Transfer	-	-	-	-	1,000
Miscellaneous Deposits	-	-	-	-	77,498
Other Income (attach schedule)	12,785	-	10,950	23,735	31,387
Total Receipts	32,785	-	10,950	43,735	249,885
DISBURSEMENTS					
ORDINARY ITEMS:					
Mortgage Payment(s)	10,000	-	-	10,000	10,000
Rental Payment(s)	-	-	-	-	-
Other Loan Payments	-	-	2,500	2,500	2,500
Utilities	2,398	-	2,500	4,898	13,610
Insurance	798	-	1,853	2,651	18,365
Auto	-	-	-	-	2,021
Investment Contributions	-	-	-	-	17,250
Business Expenses	-	-	-	-	9,058
Repairs and Maintenance	-	-	2,697	2,697	14,247
Medical Expenses	1,199	-	537	1,736	4,664
Household Expenses	6,430	-	6,689	13,119	65,933
Account Transfer	-	-	-	-	1,000
Bank Fees	20	-	70	90	912
Child Care Expenses	-	-	-	-	1,200
Alimony and Child Support Payments	-	-	-	-	-
Legal Fees	-	-	-	-	2,425
Taxes - Real Estate	-	-	-	-	-
Taxes - Personal Property	-	-	-	-	-
Storage Unit	-	-	-	-	639
Travel and Entertainment	163	-	443	606	1,384
Housekeeping	980	-	2,840	3,820	23,080
Miscellaneous Expense	72	-	3,500	3,572	42,543
Other (attach schedule)	-	-	-	-	-
Total Ordinary Disbursements	22,061	-	23,629	45,689	230,831
REORGANIZATION ITEMS:					
Professional Fees	-	-	-	-	6,717
U. S. Trustee Fees	-	-	-	-	325
Other Reorganization Expenses (attach schedule)	-	-	-	-	-
Total Reorganization Items	\$0	-	-	-	7,042
Total Disbursements (Ordinary + Reorganization)	\$22,061	-	23,629	45,689	237,873
Net Cash Flow (Total Receipts - Total Disbursements)	10,725	-	(12,679)	(1,954)	12,012
Cash - End of Month (June 30, 2019) (Must equal reconciled bank statement)	14,060	93	7,163	21,317	21,317

In re: William J. Focazio
Debtor

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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
Other Income		
Account #4607		
Endo Surgical Distribution	6,000.00	
Rent on 999 Clifton	6,785.00	
Total	12,785.00	
Account #7712		
Rent on 66 Westview Road	4,750.00	
Endo Surgical Distribution	6,000.00	
Rent from Passaic Medical Assoc. (999 Clifton)	200.00	
Total	10,950.00	
Other Taxes		
Other Ordinary Disbursements		
Other Reorganization Expenses		

FORM MOR-1 (INDV) (CON'T)
(9/99)

In re: William J. Focazio
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Payee	Account	Date	Amount	Purpose	Check #	Comment
Personal Disbursements						
PSV Natural Health	x4607	6/3/2019	\$37	Medical Expenses		
Prime at Valent	x4607	6/3/2019	\$563	Household Expenses		
Montvale Nails	x4607	6/3/2019	\$178	Household Expenses		
CB Management	x4607	6/4/2019	\$1,229	Household Expenses	1440	
Silverman Jeweler	x4607	6/6/2019	\$43	Household Expenses		
Ramsey Vet Hospital	x4607	6/6/2019	\$42	Household Expenses		
Varka	x4607	6/7/2019	\$338	Household Expenses		
Prime at Valent	x4607	6/10/2019	\$222	Household Expenses		
Northwestern Mutual	x4607	6/11/2019	\$798	Insurance		
Bel Fiore Greenhouse	x4607	6/11/2019	\$284	Household Expenses		
NJ Annual Report	x4607	6/11/2019	\$103	Travel and Entertainment		
Twin Capital	x4607	6/11/2019	\$10,000	Mortgage Payment(s)	1441	
Club Pilates	x4607	6/13/2019	\$249	Household Expenses		
Service Charge Debit	x4607	6/14/2019	\$20	Bank Fees		
AT&T	x4607	6/17/2019	\$419	Utilities		
Verizon	x4607	6/17/2019	\$603	Utilities		
Joe Leone's Italian	x4607	6/17/2019	\$117	Household Expenses		
iTunes	x4607	6/19/2019	\$10	Travel and Entertainment		
iTunes	x4607	6/19/2019	\$1	Travel and Entertainment		
Cash Withdrawal	x4607	6/19/2019	\$1,785	Household Expenses		
Optimum	x4607	6/20/2019	\$1,376	Utilities		
Esty Street	x4607	6/20/2019	\$353	Household Expenses		
Evelyn	x4607	6/20/2019	\$250	Housekeeping	1444	
Evelyn	x4607	6/21/2019	\$250	Housekeeping	1445	
B. Stephens Fifthouse	x4607	6/21/2019	\$700	Medical Expenses	1447	
Solaire Nutrace	x4607	6/24/2019	\$199	Medical Expenses		
Wabi Sabi	x4607	6/24/2019	\$32	Household Expenses		
Sunoco	x4607	6/24/2019	\$50	Travel and Entertainment		
Tease Salon	x4607	6/24/2019	\$265	Household Expenses		
Bel Fiore Greenhouse	x4607	6/24/2019	\$364	Household Expenses		
Varka	x4607	6/24/2019	\$280	Household Expenses		
Retina Associates	x4607	6/25/2019	\$168	Medical Expenses		
Miller's Pharmacy	x4607	6/25/2019	\$95	Medical Expenses		
N. Highland High School	x4607	6/25/2019	\$72	Miscellaneous Expense	1449	
Sunoco	x4607	6/26/2019	\$87	Household Expenses		
Delma	x4607	6/26/2019	\$480	Housekeeping	1451	
Total			\$22,061			

In re: William J. Focazio
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Payee	Account	Date	Amount	Purpose	Check #	Comment
Personal Disbursements						
Evelyn	x7712	6/3/2019	\$350	Housekeeping	1015	
Delma	x7712	6/4/2019	\$480	Housekeeping	1016	
Rockland Electric Bill Payment	x7712	6/4/2019	\$2,500	Utilities		
Overdraft Ret	x7712	6/4/2019	\$35	Bank Fees		
Progressive	x7712	6/13/2019	\$633	Insurance	1018	
Cash	x7712	6/6/2019	\$1,000	Miscellaneous Expense	1021	
United Healthcare	x7712	6/14/2019	\$177	Insurance	1022	
Joaquin	x7712	6/7/2019	\$800	Repairs and Maintenance	1023	
CB Management	x7712	6/10/2019	\$2,474	Household Expenses	1024	
Evelyn	x7712	6/10/2019	\$350	Housekeeping	1026	
Wade - Appraisals	x7712	6/14/2019	\$2,400	Miscellaneous Expense	1027	
Manny	x7712	6/12/2019	\$400	Repairs and Maintenance	1028	
Dr. Deb	x7712	6/14/2019	\$300	Medical Expenses	1030	
Michael Shaw	x7712	6/18/2019	\$340	Insurance	1031	
Delma	x7712	6/14/2019	\$480	Housekeeping	1032	
Evelyn	x7712	6/17/2019	\$350	Housekeeping	1033	
Barry's	x7712	6/24/2019	\$597	Repairs and Maintenance	1034	
Crystal Clear	x7712	6/20/2019	\$500	Repairs and Maintenance	1035	
Delma	x7712	6/19/2019	\$480	Housekeeping	1036	
Manny	x7712	6/18/2019	\$400	Repairs and Maintenance	1037	
Ivan Corbora	x7712	6/19/2019	\$2,500	Other Loan Payments	1038	
Evelyn	x7712	6/26/2019	\$350	Housekeeping	1039	
Cash	x7712	6/12/2019	\$100	Miscellaneous Expense	21029	
Gundry MD	x7712	6/10/2019	\$162	Medical Expenses		
Franklin Mutual	x7712	6/11/2019	\$698	Insurance		
Franklin Mutual	x7712	6/11/2019	\$5	Insurance		
Petrillo Landscaping	x7712	6/12/2019	\$1,500	Household Expenses		
Woof Gang Bakery	x7712	6/14/2019	\$160	Household Expenses		
Gen Sushi Hibachi	x7712	6/14/2019	\$118	Household Expenses		
Wine Outlet	x7712	6/17/2019	\$260	Household Expenses		
NJ Motor Vehicle	x7712	6/18/2019	\$66	Travel and Entertainment		
Colonial Pharmacy	x7712	6/19/2019	\$75	Medical Expenses		
Gen Sushi Hibachi	x7712	6/20/2019	\$67	Household Expenses		
Sunoco	x7712	6/25/2019	\$54	Travel and Entertainment		
Sunoco	x7712	6/25/2019	\$12	Travel and Entertainment		
Bolkema Fuel Co.	x7712	6/28/2019	\$311	Travel and Entertainment		
Gen Sushi Hibachi	x7712	6/28/2019	\$110	Household Expenses		
Overdraft	x7712	6/7/2019	\$35	Bank Fees		
Cash Withdrawal	x7712	6/13/2019	\$2,000	Household Expenses		
Total			\$23,629			

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BANK RECONCILIATIONS

Continuation Sheet for MOR-1

A bank reconciliation must be included for each bank account. The debtor's bank reconciliation may be substituted for this page.

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SCHEDULE OF PROFESSIONAL FEES AND EXPENSES PAID

This schedule is to include all retained professional payments from case inception to current month.

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BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
ASSETS		
Other Property (attach schedule)	1,455,000	1,455,000
Total Property	1,455,000	1,455,000
Cash	21,317	4,000
Autos, Trucks & Other Vehicles	43,862	43,862
Household Goods and Furniture	100,000	100,000
Electronics	5,000	5,000
Clothing	3,000	3,000
Jewelry	6,000	6,000
Partnerships & Business Ventures	60,000	60,000
Medical License	100,000	100,000
Total Other Assets	339,179	321,862
TOTAL ASSETS	1,794,179	1,776,862
LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)		
Accounts Payable	48,960	-
Taxes Payable (refer to FORM MOR-4)	-	-
Wages Payable	-	-
Notes Payable	-	-
Rent / Leases - Building/Equipment	-	-
Secured Debt / Adequate Protection Payments	-	-
Professional Fees	-	-
Amounts Due to Insiders*	-	-
Other Postpetition Liabilities (attach schedule)	-	-
Total Postpetition Liabilities	48,960	-
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)		
Secured Debt	1,455,000	850,000
Priority Debt	421,014	246,979
Unsecured Debt	14,886,783	15,228,600
Total Pre - Petition Liabilities	16,762,796	16,325,579
Total Liabilities	16,811,756	16,325,579

*"Insider" is defined in 11 U.S.C. Section 101(31).

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BALANCE SHEET - continuation sheet

Restricted Cash is cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

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ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	N/A
+ Amounts billed during the period	
- Amounts collected during the period	
Total Accounts Receivable at the end of the reporting period	

Accounts Receivable Aging	Amount
0 - 30 days old	N/A
31 - 60 days old	
61 - 90 days old	
91+ days old	
Total Accounts Receivable	
Amount considered uncollectible (Bad Debt)	
Accounts Receivable (Net)	

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.	X ¹	
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.		N/A
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.		N/A
5. Has any bank account been opened during the reporting period? If yes, provide documentation identifying the opened account(s). If an investment account has been opened provide the required documentation pursuant to the Delaware Local Rule 4001-3.		X

¹ The debtor did not begin to turn over funds to the Trustee until July 12th.



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RETURN SERVICE REQUESTED

NORTH JERSEY MEDICAL CONSULTANTS CORP
 101 FOX HEDGE RD
 SADDLE RIVER NJ 07458-2715

BUSINESS CHECKING				
Account #	XXXXXXX4607	Beginning Balance	\$3,335.77	
Statement Period		Deposits/Credits	\$32,785.22	
From	06/01/19	Interest Paid	\$0.00	
Through	06/30/19	Checks/Debits	-\$22,040.55	
Average Balance	\$5,939.46	Service Charges	\$20.00	
Earned Interest This Period	\$0.00	Ending Balance	\$14,060.44	
		# Deposits/Credits	5	
Annual Percentage Yield Earned (APYE)	0.00%	# Checks/Debits	35	
		YTD Interest	\$0.00	
		YTD Withholding	\$0.00	

ACCOUNT ACTIVITY DETAIL				
Date	Description	Deposits	Withdrawals	Balance
06/01	BEGINNING BALANCE			\$3,335.77
06/03	DC#0705 REC POS PSV*NATURA PSV*NATURAL HEALTH 800-8960796 MD 059611		\$37.00-	\$3,298.77
06/03	DC#0705 SIG PUR 103 PRIME 103 PRIME AT VALENT 724-2831878 NJ 013535		\$563.01-	\$2,735.76

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IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS

Contact the Bank immediately if your statement is incorrect or if you need more information about any non-electronic transaction (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Please contact us at the telephone number or address listed on the front of this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt or if you believe a transfer was made using information from your check without your permission. We must hear from you no later than 30 days after we sent you the FIRST statement on which the problem or error appeared.

1. Provide your name and account number.
 2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
 3. Provide us with the dollar amount of the suspected error.

We will investigate your complaint and will credit any error promptly. If we need more time to complete the investigation, we may take up to 45 days to investigate your complaint or question. If Investors Bank decides to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint in writing and we do not receive it within 10 business days, we may not re-credit your account.

If we decide that there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in your investigation.

LOST OR STOLEN ATM OR VISA DEBIT CARD

Contact us immediately if your Investors ATM or VISA Debit Card is lost or stolen. During normal business hours, Monday through Friday, call 855-IBank4U. After hours, call 1-800-472-3272.

For more complete details, see the Terms and Conditions agreement that governs your account.

FINANCE CHARGE

We calculate the **FINANCE CHARGE** on your account by applying the applicable **DAILY PERIODIC RATE** to the **BALANCE SUBJECT TO FINANCE CHARGE** in your account at the end of each day. We get the **BALANCE SUBJECT TO FINANCE CHARGE** by taking the balance you owed at the end of the previous billing cycle (shown on the statement as the **PREV. BALANCE**). We then reduce that **PREV. BALANCE** by the amount of any unpaid **FINANCE CHARGES** or other charges included in it and any payments or other credits applied to your account prior to the end of the day in question. We then increase this amount by the amount of any loan advances and adjustments charged to your account prior to the end of the day in question.

BILLING RIGHTS SUMMARY

In case of errors or questions about your bill:

If you think your bill is wrong or if you need more information about a transaction on your bill, write us on a separate sheet at our address shown on the face of the statement as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter give us the following information: (1) Your name and account number. (2) The dollar amount of the suspected error. (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

HOW TO MAKE PAYMENT

HOW TO MAKE PAYMENT:
Payments received prior to 5:00 p.m. at the Bank address shown on the face of your statement will be credited as of day of receipt. Payments can be made at a Branch, over the phone or online. Payments made at other locations of the Bank may result in a delay in crediting your payments (but not more than 5 days).





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ACCOUNT ACTIVITY DETAIL (continued)				
<i>Date</i>	<i>Description</i>	<i>Deposits</i>	<i>Withdrawals</i>	<i>Balance</i>
06/03	DC#0705 SIG PUR MONTVALE MONTVALE NAILS & S MONTVALE NJ 020109		\$178.00-	\$2,557.76
06/04	DEPOSIT	\$1,000.00		\$3,557.76
06/04	CHECK #1440		\$1,229.39-	\$2,328.37
06/06	DC#0705 SIG PUR F. SILVERM F. SILVERMAN JEWLER WOODCLIFF LAK NJ 053070		\$42.65-	\$2,285.72
06/06	DC#0705 SIG PUR RAMSEY VET RAMSEY VET HOSPITAL 201-825-4545 NJ 000003		\$42.00-	\$2,243.72
06/07	DC#0705 SIG PUR VARKA VARKA RAMSEY NJ 063712		\$337.53-	\$1,906.19
06/10	WIRE CROSSTOWN MEDICAL P.C.	\$10,000.00		\$11,906.19
06/10	DC#0705 SIG PUR 103 PRIME 103 PRIME AT VALENT 724-2831878 NJ 016827		\$222.33-	\$11,683.86
06/11	NORTHWESTERN MU ISA PAYMNT XXXXXX95-02		\$798.15-	\$10,885.71
06/11	DC#0705 SIG PUR BEL FIORE BEL FIORE GREENHOUS WOODCLIFF LAK NJ 000014		\$283.62-	\$10,602.09
06/11	DC#0705 SIG PUR NJ ANNUAL NJ ANNUAL REPORT SE EGOV.COM NJ 001695		\$102.50-	\$10,499.59
06/11	CHECK #1441		\$10,000.00-	\$499.59
06/13	DEPOSIT	\$5,000.00		\$5,499.59
06/13	DC#0705 SIG PUR CLR*CLUBPI CLR*CLUBPILATES2018 201-8225260 NJ 092053		\$249.00-	\$5,250.59
06/14	SERVICE CHARGE DEBIT		\$20.00-	\$5,230.59
06/17	ATT PAYMENT XXXXXX4011EPAYU		\$419.17-	\$4,811.42
06/17	VERIZON VZ BILLPAY 4500111390001		\$603.01-	\$4,208.41
06/17	DC#0705 SIG PUR JOE LEONE' JOE LEONE'S ITALIAN POINT PLEASAN NJ 000068		\$117.09-	\$4,091.32
06/19	DEPOSIT	\$6,785.22		\$10,876.54
06/19	DC#0705 REC POS APL*ITUNES APL*ITUNES.COM/BILL 866-712-7753 CA 046323		\$9.99-	\$10,866.55
06/19	DC#0705 REC POS APL*ITUNES APL*ITUNES.COM/BILL 866-712-7753 CA 078143		\$0.99-	\$10,865.56



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ACCOUNT ACTIVITY DETAIL (continued)

Date	Description	Deposits	Withdrawals	Balance
06/19	WITHDRAWAL		\$1,785.00-	\$9,080.56
06/20	DC#0705 SIG PUR OPTIMUM 78 OPTIMUM 7802V 201-405-8222 NY 057299		\$1,376.05-	\$7,704.51
06/20	DC#0705 SIG PUR ESTY STREE ESTY STREET PARK RIDGE NJ 027322		\$353.20-	\$7,351.31
06/20	CHECK #1444		\$250.00-	\$7,101.31
06/21	CHECK #1445		\$250.00-	\$6,851.31
06/21	CHECK #1447		\$700.00-	\$6,151.31
06/24	DC#0705 SIG PUR PSV*SOLAIR PSV*SOLAIRE NUTRACE 800-7520625 MD 055027		\$199.00-	\$5,952.31
06/24	DC#0705 SIG PUR WABI SABI WABI SABI BLOOMFIELD NJ 090004		\$31.74-	\$5,920.57
06/24	DC#0705 SIG PUR SUNOCO 001 SUNOCO 0015161301 WOODCLIFF LAK NJ 033729		\$50.00-	\$5,870.57
06/24	DC#0705 SIG PUR TEASE SALO TEASE SALON BLOOMFIELD NJ 090009		\$265.00-	\$5,605.57
06/24	DC#0705 SIG PUR BEL FIORE BEL FIORE GREENHOUS WOODCLIFF LAK NJ 000024		\$363.59-	\$5,241.98
06/24	DC#0705 SIG PUR VARKA VARKA RAMSEY NJ 018613		\$279.95-	\$4,962.03
06/25	DC#0705 SIG PUR RETINA ASS RETINA ASSOCIATES O 201-8377300 NJ 031910		\$167.58-	\$4,794.45
06/25	DC#0705 SIG PUR MILLERS PH MILLERS PHARMACY 201-8913333 NJ 000087		\$95.00-	\$4,699.45
06/25	CHECK #1449		\$72.00-	\$4,627.45
06/26	WIRE CROSSTOWN MEDICAL P.C.	\$10,000.00		\$14,627.45
06/26	DC#0705 SIG PUR SUNOCO 075 SUNOCO 0752440800 POINT PLEASAN NJ 035119		\$87.01-	\$14,540.44
06/26	CHECK #1451		\$480.00-	\$14,060.44
06/30	ENDING BALANCE			\$14,060.44

CHECK REGISTER

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
0	06/17	\$603.01#	1441	06/11	\$10,000.00	1445	06/21	\$250.00
1440*	06/04	\$1,229.39	1444*	06/20	\$250.00	1447*	06/21	\$700.00



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CHECK REGISTER

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1449*	06/25	\$72.00	1451*	06/26	\$480.00			

(# AFTER THE CHECK AMOUNT INDICATES ACH CHECK - * INDICATES NON-CONSECUTIVE CHECK NUMBER(S))



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RETURN SERVICE REQUESTED

NORTH JERSEY MEDICAL CONSULTANTS CORP
101 FOX HEDGE RD
SADDLE RIVER NJ 07458-2715

BUSINESS CHECKING				
Account #	XXXXXXX0713	<i>Beginning Balance</i>		\$93.35
Statement Period		<i>Deposits/Credits</i>		\$0.00
From	06/01/19	<i>Interest Paid</i>		\$0.00
Through	06/30/19	<i>Checks/Debits</i>		0.00
Average Balance	\$93.35	<i>Service Charges</i>		\$0.00
Earned Interest This Period	\$0.00	<i>Ending Balance</i>		\$93.35
		<i># Deposits/Credits</i>		0
Annual Percentage Yield Earned (APYE)	0.00%	<i># Checks/Debits</i>		0
		<i>YTD Interest</i>		\$0.00
		<i>YTD Withholding</i>		\$0.00

ACCOUNT ACTIVITY DETAIL				
Date	Description	Deposits	Withdrawals	Balance
06/01	BEGINNING BALANCE			\$93.35
06/30	ENDING BALANCE			\$93.35

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IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS

Contact the Bank immediately if your statement is incorrect or if you need more information about any non-electronic transaction (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Please contact us at the telephone number or address listed on the front of this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt or if you believe a transfer was made using information from your check without your permission. We must hear from you no later than 30 days after we sent you the FIRST statement on which the problem or error appeared.

1. Provide your name and account number.
 2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
 3. Provide us with the dollar amount of the suspected error.

We will investigate your complaint and will credit any error promptly. If we need more time to complete the investigation, we may take up to 45 days to resolve your complaint or question. If Investors Bank decides to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint in writing, and we do not receive it, within 10 business days, we may not re-credit your account.

If we decide that there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

LOST OR STOLEN ATM OR VISA DEBIT CARD

Contact us immediately if your Investors ATM or VISA Debit Card is lost or stolen. During normal business hours, Monday through Friday, call 855-IBank4U. After hours, call 1-800-472-3272.

For more complete details, see the Terms and Conditions agreement that governs your account.

FINANCE CHARGE

We calculate the **FINANCE CHARGE** on your account by applying the applicable **DAILY PERIODIC RATE** to the **BALANCE SUBJECT TO FINANCE CHARGE** in your account at the end of each day. We get the **BALANCE SUBJECT TO FINANCE CHARGE** by taking the balance you owed at the end of the previous billing cycle (shown on the statement as the **PREV. BALANCE**). We then reduce that **PREV. BALANCE** by the amount of any unpaid **FINANCE CHARGES** or other charges included in it and any payments or other credits applied to your account prior to the end of the day in question. We then increase this amount by the amount of any loan advances and adjustments charged to your account prior to the end of the day in question.

BILLING RIGHTS SUMMARY

In case of errors or questions about your bill:

If you think your bill is wrong or if you need more information about a transaction on your bill, write us on a separate sheet at our address shown on the face of the statement as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter give us the following information: (1) Your name and account number. (2) The dollar amount of the suspected error. (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

HOW TO MAKE PAYMENT

Payments received prior to 5:00 p.m. at the Bank address shown on the face of your statement will be credited as of day of receipt. Payments can be made at a Branch, over the phone or online. Payments made at other locations of the Bank may result in a delay in crediting your payments (but not more than 5 days).



**Bank**

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STATEMENT OF ACCOUNT

WILLIAM FOCAZIO
DIP CASE 19-10880 DIST NJ

Page: 3 of 3
Statement Period: May 06 2019-Jun 05 2019
Cust Ref #: 4364907712-039-T-###
Primary Account #: 436-4907712

DAILY ACCOUNT ACTIVITY**Checks Paid (continued)**

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
05/28	1010	1,000.00	05/31	1014	1,000.00
05/28	1012*	600.00	06/03	1015	350.00
05/29	1013	480.00	06/04	1016	480.00
					Subtotal: 31,695.30

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
05/14	DEBIT CARD PURCHASE, *****30040422362, AUT 051219 VISA DDA PUR PETRILLO LANDSCAPING RIVER VALES * NJ	1,000.00
05/17	DEBIT CARD PURCHASE, *****30040422362, AUT 051519 VISA DDA PUR PETRILLO LANDSCAPING RIVER VALES * NJ	500.00
06/04	ACH DEBIT, ROCKLAND ELECTR BILL PYMT ****558049	2,500.00
		Subtotal: 4,000.00

Other Withdrawals

POSTING DATE	DESCRIPTION	AMOUNT
06/04	OVERDRAFT RET	35.00
		Subtotal: 35.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
05/05	7.00	05/20	4,237.00
05/06	1,507.00	05/23	21,921.70
05/10	1,027.00	05/28	21,321.70
05/13	3,027.00	05/29	20,841.70
05/14	2,027.00	05/31	19,841.70
05/16	1,137.00	06/03	-5,508.30
05/17	4,837.00	06/04	16,476.70

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STATEMENT OF ACCOUNT

WILLIAM FOCAZIO
DIP CASE 19-10880 DIST NJ
101 FOX HEDGE RD
SADDLE RIVER NJ 07458

Page: 1 of 4
Statement Period: Jun 06 2019-Jul 05 2019
Cust Ref #: 4364907712-039-T-###
Primary Account #: 436-4907712

Chapter 11 Checking

WILLIAM FOCAZIO
DIP CASE 19-10880 DIST NJ

Account # 436-4907712

ACCOUNT SUMMARY

Beginning Balance	16,476.70	Average Collected Balance	6,124.35
Deposits	11,950.00	Interest Earned This Period	0.00
Other Credits	25,000.00	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
Checks Paid	40,911.55	Days in Period	30
Electronic Payments	3,661.46		
Other Withdrawals	2,035.00		
Ending Balance	6,818.69		

	Total for this Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees (NSF)	\$35.00	\$70.00

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	AMOUNT
06/13	DEPOSIT	4,750.00
06/21	DEPOSIT	3,000.00
06/28	DEPOSIT	3,200.00
07/02	DEPOSIT	1,000.00
	Subtotal:	11,950.00

Other Credits

POSTING DATE	DESCRIPTION	AMOUNT
06/07	RETURNED ITEM	25,000.00
	Subtotal:	25,000.00

Checks Paid

DATE	No. Checks: 23	*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments			
DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
06/06	1007	25,000.00	06/14	1027	2,400.00
06/13	1018*	633.00	06/12	1028	400.00
06/06	1021*	1,000.00	06/14	1030*	300.00
06/14	1022	177.12	06/18	1031	340.00
06/07	1023	800.00	06/14	1032	480.00
06/10	1024	2,474.33	06/17	1033	350.00
06/10	1026*	350.00	06/24	1034	597.10

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How to Balance your Account

Page:

2 of 4

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

Ending Balance	6,818.69
Total Deposits	+ _____
Sub Total	_____
Total Withdrawals	- _____
Adjusted Balance	_____

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain, if you can, why you believe there is an error.
- If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

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STATEMENT OF ACCOUNT

WILLIAM FOCAZIO
DIP CASE 19-10880 DIST NJ

Page: 3 of 4
Statement Period: Jun 06 2019-Jul 05 2019
Cust Ref #: 4364907712-039-T-###
Primary Account #: 436-4907712

DAILY ACCOUNT ACTIVITY

Checks Paid (continued)

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
06/20	1035	500.00	07/01	1040	350.00
06/19	1036	480.00	07/03	1041	480.00
06/18	1037	400.00	07/02	1043*	450.00
06/19	1038	2,500.00	06/12	21029*	100.00
06/26	1039	350.00			
				Subtotal:	40,911.55

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
06/10	DEBIT CARD PURCHASE, *****30040422362, AUT 060819 VISA DDA PUR GUNDRY MD LLC 800 8520477 * CA	161.97
06/11	ACH DEBIT, FRANKLIN MUTUAL PREM & PMT 61379	697.92
06/11	ACH DEBIT, FRANKLIN MUTUAL PREM & PMT 61378	5.00
06/12	DEBIT CARD PURCHASE, *****30040422362, AUT 061019 VISA DDA PUR PETRILLO LANDSCAPING RIVER VALES * NJ	1,500.00
06/14	DEBIT CARD PURCHASE, *****30040422362, AUT 061319 VISA DDA PUR WOOF GANG BAKERY GROOM ALLENDALE * NJ	159.94
06/14	DEBIT CARD PURCHASE, *****30040422362, AUT 061219 VISA DDA PUR GEN SUSHI HIBACHI MONTVALE * NJ	117.69
06/17	DEBIT CARD PURCHASE, *****30040422362, AUT 061519 VISA DDA PUR WINE OUTLET POINT PLEASAN * NJ	259.68
06/18	DEBIT CARD PURCHASE, *****30040422362, AUT 061719 VISA DDA PUR NJ MOTOR VEHICLE PAY EGOV COM * NJ	66.00
06/19	DEBIT CARD PURCHASE, *****30040422362, AUT 061719 VISA DDA PUR COLONIAL PHARMACY CLIFTON * NJ	75.00
06/20	DEBIT CARD PURCHASE, *****30040422362, AUT 061819 VISA DDA PUR GEN SUSHI HIBACHI MONTVALE * NJ	67.41
06/25	DEBIT CARD PURCHASE, *****30040422362, AUT 062419 VISA DDA PUR SUNOCO 0015161301 WOODCLIFF LAK * NJ	53.72
06/25	DEBIT CARD PURCHASE, *****30040422362, AUT 062419 VISA DDA PUR SUNOCO 0015161301 WOODCLIFF LAK * NJ	11.68
06/28	DEBIT CARD PURCHASE, *****30040422362, AUT 062619 VISA DDA PUR BOLKEMA FUEL CO INC 201 891 1000 * NJ	311.26
06/28	DEBIT CARD PURCHASE, *****30040422362, AUT 062719 VISA DDA PUR GEN SUSHI HIBACHI MONTVALE * NJ	110.10
07/05	DEBIT CARD PURCHASE, *****30040422362, AUT 070319 VISA DDA PUR SUNOCO 0015161301 WOODCLIFF LAK * NJ	64.09
	Subtotal:	3,661.46

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**Bank**

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STATEMENT OF ACCOUNT

WILLIAM FOCAZIO
DIP CASE 19-10880 DIST NJ

Page: 4 of 4
Statement Period: Jun 06 2019-Jul 05 2019
Cust Ref #: 4364907712-039-T-###
Primary Account #: 436-4907712

DAILY ACCOUNT ACTIVITY

Other Withdrawals

POSTING DATE	DESCRIPTION	AMOUNT
06/07	OVERDRAFT RET	35.00
06/13	DEBIT	2,000.00
	Subtotal:	2,035.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
06/05	16,476.70	06/20	2,396.64
06/06	-9,523.30	06/21	5,396.64
06/07	14,641.70	06/24	4,799.54
06/10	11,655.40	06/25	4,734.14
06/11	10,952.48	06/26	4,384.14
06/12	8,952.48	06/28	7,162.78
06/13	11,069.48	07/01	6,812.78
06/14	7,434.73	07/02	7,362.78
06/17	6,825.05	07/03	6,882.78
06/18	6,019.05	07/05	6,818.69
06/19	2,964.05		

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